

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
COLUMBIA DIVISION**

Austin Carter, #400700,)	
)	Case No. 1:15-cv-00090
Plaintiff,)	Chief Judge Kevin H. Sharp
)	Magistrate Judge E. Clifton Knowles
v.)	Jury Trial Demanded
)	
Corrections Corp. of America, <i>et al.</i> ,)	
)	
Defendants.)	

AFFIDAVIT OF BENJAMIN F. BEAN

Being first duly sworn, the affiant hereby testifies as follows:

1. My name is Benjamin F. Bean and I am employed with the Tennessee Department of Correction (TDOC) as a Correctional Program Manager 1. In this role, I serve as the designee for the Deputy Commissioner of Operations for the review and response to the Level III Grievance Appeals that are appealed to the Deputy Commissioner.
2. Because I am employed in the above-referenced role, I am the duly authorized custodian of the attached Grievance record that serves as the basis for the Level III Grievance Appeal Decision.
3. Since he has been incarcerated with the TDOC, inmate Austin Carter (TDOC number 400700) has filed three grievances which were appealed to the final level of the grievance process. Records of these three disciplinary appeals are attached hereto.
4. The attached records are true and correct copies of the original records maintained by the TDOC in relation to prison grievances numbered 00293856, 00288519, and 00281928.

5. The attached records are kept in the course of the regularly conducted business activities of the TDOC and were prepared as a regular practice and custom.

6. Further affiant sayeth naught.

B.F. Bean
Benjamin F. Bean
Correctional Program Manager 1
Tennessee Department of Correction

State of Tennessee
County of Davidson

On the 14th day of March, 2016, appeared personally before me, Benjamin F. Bean, known to be of lawful age and did sign and swear under penalties of law, the aforesaid Affidavit in my presence.

Sworn to and subscribed before me this 14th day of March, 2016.

Marcia E. Campey
Notary Public



My commission expires: 7-3-18

Menu Favorites Tools Other Applications Reports Help PROD

Grievance



Links Suspend ☐

TOMIS ID 00400700 Carter, Austin

Status ACTV Location SCCF

Reset key fields

Refresh

Grievance Id	Grievance Type	VI	L1	L2	L3	Site	Posted Date	Resolved Date
<u>00293856</u>	HSV HEALTH SERVICES				R	SCCF	09/08/2015	10/21/2015
<u>00288519</u>	COS COUNSELLING STAF				R	SCCF	04/16/2015	05/26/2015
<u>00281928</u>	MNT MAINTENANCE				R	SCCF	10/07/2014	12/01/2014

Enter

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Bottom Of List

GRIEVANCE ID NO. 00293856 – HSV HEALTH SERVICES

12



MEMO

Inmate Name: Austin Carter TDOC Number: 400700
Institution: SCC Housing Unit: CA 202
Institution Grievance Number: 22910 TOMIS Grievance Number: 293856

Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

☐ Concur with Warden ☒ Concur with Supervisor ☐ Concur with Committee

10-21-16
Date

[Signature]
Deputy Commissioner of Operations

DS-19

173



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Carter, Austin
 NAME

400700
 NUMBER

SCCF/CH202
 INSTITUTION & UNIT

293856/22910
 GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee _____

Inmate Grievance Committee's Response and Reasons

Inappropriate per Policy 501.01
Sec VI H-8 medical diagnosis §C-1 7 day limitation

9-17-15
 DATE

Leo Stagg
 CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement _____

Action Taken:

DATE: 9/18/15

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Austin Carter
 GRIEVANT

9-22-15
 DATE

[Signature]
 WITNESS

Commissioner's Response and Reason(s): _____

RECEIVED

CLINICAL SERVICES

OCT 07 2015

OCT 21 2015

OPERATIONS

RECEIVED
 SIGNATURE

DATE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244



**TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE**

INP/HSV
Peden

Austin Carter
NAME

#400700
NUMBER

CA-202
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: I inmate Austin Carter #400700 on August 28, 2015, I put in a sick call, however, the medical staff failed to put me on the list, I also put in a sick call on the 29th and the 30th of 2015 due to pain from

REQUESTED SOLUTION: Policy Be Fully Enforced T.D.C. #113-81 That I be immediately referred to see The Doctor so that my pain And Injuries do not become worse.

Austin Carter
Signature of Grievant

9-4-15
Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

22910/293854
Grievance Number

9-8-15
Date Received

Leo Stages
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: The last sick call received from me was on 8-2-15 & on 8-3-15 record reflects a no show

Chairperson's Response and Reason(s): Inappropriate per Policy 501.01 See VI H-8 medical diagnosis & C-17 day limitation.

DATE: 9-15-15 CHAIRPERSON: Leo Stages

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Austin Carter
GRIEVANT

9-16-15
DATE

[Signature]
WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: Multiple injuries associated with past injuries I sustained when I fell on September 30, 2014 and because of possible food poisoning from chicken that was served on August 24, 2015. On Monday August 31, 2015 when I went to medical for sick call, I wasn't on the list to see the nurse practitioner or the doctor. The reason that I need to see the doctor is because I am in constant pain due to injuries that I have from a prior injury that happened at this facility. At a prior sick call, call I saw nurse Rashti and she said that there was nothing she could do and that she could not give me anything for my pain besides Ibuprofen. After I told her that the Ibuprofen does nothing for the pain that I am in and the illness that I am suffering from the possible contaminated chicken that was served, she said that it's been a year since my injuries and that she can't help me with any of the problems that I was having. I told her that it hasn't been a year and that I need treatment for what's going on with me. It is true that the nurse can't do anything for me, that is why I need to be referred to see Dr. Cable. Nurse Rashti told me that if I continue to fill out sick calls to see Dr. Cable, they will not process the sick call because Dr. Cable will not see me because he is backed up for two months. This is a direct violation of TDOC policy 113-31 II.D (3)(c) which states in part: The responsibilities/duties of the health care provider conducting sick call shall include the following: provide the appropriate treatment in accordance with protocol, or refer/schedule the inmate for an appointment with the appropriate health care provider. The failure to provide adequate treatment is a denial of access to medical care which constitutes cruel and unusual punishment in violation of the Eighth Amendment. It also provides a tort claim of negligence by the medical staff at this institution.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



INP/HSV
Peden

TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 9-8-15

Please respond to the attached grievance, indicating any action taken.

Date Due: 9-11-15

293850/22910
Grievance Number

Carter Austin
Inmate Name

400700
Inmate Number

Per chart review, the last sick call from Carter Austin # 400700 was received on 8/2/15. On 8/3/15 there is a no show for nursing sick call documented. Nurses collect the sick calls from boxes located on the compound nightly. Please hand deliver sick calls to these boxes to ensure they are received by medical. Nurses have protocols they use when seeing inmates for sick call. If there is no relief after suggestions from protocol book has been tried 2-3 times, the inmate is then referred to a provider. Our providers do treat chronic pain from past injuries. Please hand deliver sick calls to sick call boxes, try the medications offered by nursing protocols and if no relief from pain is acquired after three sick calls, you will be referred to a provider.

Amber Peden
SIGNATURE

9/14/15
DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

Grievance Response**The Director of Health Services has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☒ Concurs with Supervisor**The Director of Food Services has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**The Assistant Program Manager has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**The Director of Religious Services has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**The Director of Behavioral Services has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**The Director of Education has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**The Program Manager has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**The Title VI Coordinator has reviewed the grievance and:**☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor**Other:**

Inmate Name/Number:

Institution:

Grievance Number:

Signature/Date:

GRIEVANCE ID NO. 00288519 – COS COUNSELING STAF [SIC]

2030



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
6TH FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465
OFFICE (615) 253-8180 • FAX (615) 253-1668

MEMORANDUM

Inmate Name: Austen Carter TDOC Number: 400700
Institution: SCF Housing Unit: R1231
Institution Grievance Number: 22271 TOMIS Grievance Number: 288519

Commissioner's Response and Reasons:

The Assistant Program Manager has reviewed the grievance and:

☐ Concur with Warden ☒ Concur with Supervisor ☐ Concur with Committee

5-26-26 Austen Carter
Date Deputy Commissioner of Operations
DS-9



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Carter, Austin
NAME

400700
NUMBER

SCIF/AB231
INSTITUTION & UNIT

288519/22271
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee _____

Inmate Grievance Committee's Response and Reasons

Inappropriate per Policy
501.01 Sec VI H-3 Classification Matters

4-24-15
DATE

Leo Staegg
CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement _____

Action Taken:

DATE: 4-27-15

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Austin Carter
GRIEVANT

5-6-15
DATE

[Signature]
WITNESS

Commissioner's Response and Reason(s): _____

RECEIVED

MAY 20 2015

OPERATIONS

DATE

CLINICAL SERVICES

MAY 21 2015

SIGNATURE

RECEIVED

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

INP/GRT
 Casteel

Austin Carter
 NAME

#400700
 NUMBER

S.C.C.7 AB-231
 INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: I inmate Austin Carter #400700 have been mandated by the Parole Board to take Pro Social Life Skills. But I have too much time to go to the Annex to take the program here.

REQUESTED SOLUTION: For Inmate Austin Carter #400700 to be transferred to whiteville or West High. Where I can take the program, and continue to better my self.

Austin Carter
 Signature of Grievant

4-15-15

Date

TO BE COMPLETED BY GRIEVANCE CLERK

22271/288519
 Grievance Number

4-16-15
 Date Received

Sco Stages
 Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____
 New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: Im has not been parole mandated for Pro Social Life Skills. Im's last hearing he was put off for 2 years.

Chairperson's Response and Reason(s): Inappropriate per Policy 501.01 Sec VI H-3 Classification matters. Concur with supervisor.

DATE: 4-21-15 CHAIRPERSON: Sco Stages

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first level response

Austin Carter
 GRIEVANT

4-22-15
 DATE

Sco Stages
 WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: On 4-10-15 I wrote Case Manager of CB Mr. Surge about my Transfer. I also wrote Mrs. Berry of A.A. pod case manager. Mrs. Sharpe I Talked To and she gave Mrs. Berry my Info. Still no Response. I wrote Warden C. Herry Lindamood and I still Haven't Heard from no one. I've Talked To A case manager who was Here on Friday and she E-mailed Mr. Lee Brewer And she Hasn't gotten a Response.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

INP/COS
Casteel



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 4-16-15

Please respond to the attached grievance, indicating any action taken.

Date Due: 4-21-15

288519/22271
Grievance Number

Carter, Austin
Inmate Name

400700
Inmate Number

Jim Carter was put off for 2 years at his last parole hearing on 9-3-14. He was put off due to his charge and was not mandated to take Pro Social Life Skills. This is the information that CJC L. Brewer gave me when he was ASK about this.

SIGNATURE

4-17-15
DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

Grievance Response**The Director of Health Services has reviewed the grievance and:**

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

The Director of Food Services has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

The Assistant Program Manager has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☒ Concurs with Supervisor

The Director of Religious Services has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

The Director of Behavioral Services has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

The Director of Education has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

The Program Manager has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

The Title VI Coordinator has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☐ Concurs with Supervisor

Other: _____

Inmate Name/Number: _____

Institution: _____

Grievance Number: _____

Signature/Date: _____

GRIEVANCE ID NO. 00281928 – MNT MAINTENANCE

18228



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
6TH FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0466
OFFICE (615) 253-8180 • FAX (615) 253-1668

MEMORANDUM

Inmate Name: Arshy Carter TDOC Number: 400700
Institution: SCF Housing Unit: DA 120
Institution Grievance Number: 21618 TOMIS Grievance Number: 281528

Commissioner's Response and Reasons:

☒ Concur with Warden ☐ Concur with Supervisor ☒ Appeal Denied

12-1-14 [Signature]
Date Deputy Commissioner of Operations

DS-1A

18228



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Carter, Austin
NAME

400700
NUMBER

SCC/DAL25
INSTITUTION & UNIT

281928-21018
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee read complaint, solution, and
statements read

Inmate Grievance Committee's Response and Reasons concur make sure unit team
address maint issue in a timely manner so in the future
no injuries result from maint.

10/21/14
DATE

Gina J. Goyl
CHAIRMAN

Steven Brinkley
MEMBER

Jammy Yarbrough
MEMBER

Connie Benson
MEMBER

Michael Poe
MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement

Action Taken: Concur w/ Supervisor.

DATE: 10/22/14

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Austin Carter
GRIEVANT

10-28-14
DATE

[Signature]
WITNESS

Commissioner's Response and Reason(s):

NOV 14 2014

OPERATIONS

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Reg-MNT
Staggs

Austin Carter

NAME

400 700

NUMBER

DA-125

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: On Sept. 30, 2014 at approximately 1:40 pm I Austin Carter returned from lunch. I entered my cell and as I was leaving my cell I fell into a vast amount of water that I noticed after I fell. REQUESTED SOLUTION: That corrective action be taken against maint. dept who failed to address the leaking water issue that was reported by unit team that resulted in my injury.

Austin Carter

Signature of Grievant

Oct. 1, 2014

Date

TO BE COMPLETED BY GRIEVANCE CLERK

281928-21618

Grievance Number

10/7/14

Date Received

J McElroy

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: Work Order was submitted and was completed within 7 working days

Chairperson's Response and Reason(s): Concur with supervisor's response

DATE: 10/13/14

CHAIRPERSON:

Kim G. Morgan

Do you wish to appeal this response?

YES

NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Austin Carter

GRIEVANT

10-14-14

DATE

Keith [Signature]

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: was running down the wall of my cell. As a
result of this fall I banged my head and neck on the
concrete floor and injured my back and spine area which has
resulted in me suffering severe pain I was taken to the
clinic's (E.R. Area) where I was given an X-Ray and something
for pain. Yet I am still experiencing severe headaches, pain in
my neck, back and spine area.

Austin Carter # 400 700

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

219-MNT
Stagg

DATE:

10/7/14

Please respond to the attached grievance, indicating any action taken.

Date Due:

10/10/14

28928-21618

Grievance Number

Carter, Austin

Inmate Name

400700

Inmate Number

A work order was submitted to maintenance by unit staff on Friday 9/26/14 as a regular, non-emergency work order and it was completed and items related to toilet supply lines repaired within 7 working days.

Kenn Stagg
SIGNATURE

10/9/14
DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

GRIEVANCE HEARING SUMMARY

DATE: October 21, 2014

Grievance 281928-21618

Grievant: I/M Carter, Austin 400700

Present:	Gina Gonzales	Grievance Coordinator
	Connie Benson	Staff Board Member
	Tammy Yarbrough	Staff Board Member
	I/m Brinkley 341344	I/M Board Member
	I/m Poe 346992	I/m Board Member
	I/m Flemings 474595	I/m Grievance Clerk

Grievant enters: Chairperson reads grievance, supervisor's response and the grievance solution. Explains procedure.

This complaint is on: Leak in cell cause injury.

Grievant comments: Maint. Came in but didn't know where the leak was coming from. This leak was not fixed till after my injury.

Board Questions: Did they attempt to fix this before injury? No
didn't know where it was leaking from.
Is it fixed now? Yes

Hearing Concluded.